

# MEDICATIONS CHECKLIST AND VITALS

## OFFICE USE ONLY

Project ID: JNFM

Date: \_\_\_ / \_\_\_ / 20\_\_\_  
month / day / year

Participant ID: \_\_\_\_\_

Visit: 01

User ID: \_\_\_\_\_

File: ODM @ Closeout

Q3h - Every 3 hours  
Qd - Everyday  
Bid - Twice a day  
Tid - Three times a day  
Qid - Four times a day

### MEDICATION ALLERGIES

<sub>1</sub> No <sub>2</sub> Yes

NAME

REACTION(s)

_____	_____
_____	_____

### PAIN MEDICATIONS, MUSCLE RELAXANTS, NARCOTICS

NAME

DOSE

FREQ

DURATION

REASON

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### PRESCRIPTION MEDICATIONS

NAME

DOSE

FREQ

DURATION

REASON

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### SUPPLEMENTS

NAME

DOSE

FREQ

DURATION

REASON

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### OTC MEDICATIONS

NAME

DOSE

FREQ

DURATION

REASON

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

# Vitals

1. Height \_\_\_\_\_ inches (one decimal allowed)

2. Weight \_\_\_\_\_ lbs (integer, round up)

3. BMI \_\_\_\_\_

4. Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ mmHG (pre-Interview)

\_\_\_\_\_ Time

\_\_\_\_\_ / \_\_\_\_\_ mmHG (post-Interview)

\_\_\_\_\_ Time

\_\_\_\_\_ / \_\_\_\_\_ mmHG (Average)

\_\_\_\_\_ / \_\_\_\_\_ mmHG (optional)

5. Pulse \_\_\_\_\_ bpm (pre-Interview)

\_\_\_\_\_ bpm (post-Interview)

6. Temperature \_\_\_\_\_ °F

7. DOB          /       /              
                  m  m    d  d    y  y  y  y

8. Age \_\_\_\_\_